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**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

10 PIERRE LEBON HOFFMAN,

**Plaintiff,**

12 | vs.

13 DR JOHN D. KASAWA  
RN DAN JEANS.

Defendant.

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CASE NO.

1501

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

JW

16 I, PIERRE L. HOFFMAN, declare, under penalty of perjury that I am the (I)  
17 plaintiff in the above entitled case and that the information I offer throughout this application  
18 is true and correct. I offer this application in support of my request to proceed without being  
19 required to prepay the full amount of fees, costs or give security. I state that because of my  
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
21 entitled to relief.

In support of this application, I provide the following information:

23 1. Are you presently employed? Yes        No       <sup>X</sup>

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the  
25 name and address of your employer:

26 Gross: N/A Net: X

27 Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 N/A

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7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9       a.	Business, Profession or self employment	Yes _____ No <input checked="" type="checkbox"/>
10      b.	Income from stocks, bonds, or royalties?	Yes _____ No <input checked="" type="checkbox"/>
11      c.	Rent payments?	Yes _____ No <input checked="" type="checkbox"/>
12      d.	Pensions, annuities, or life insurance payments?	Yes _____ No <input checked="" type="checkbox"/>
13      e.	Federal or State welfare payments, Social Security or other govern- ment source?	Yes _____ No <input checked="" type="checkbox"/>

14 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 15 received from each.

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18 3. Are you married? Yes \_\_\_\_\_ No

19 Spouse's Full Name: \_\_\_\_\_

20 Spouse's Place of Employment: \_\_\_\_\_

21 Spouse's Monthly Salary, Wages or Income: \_\_\_\_\_

22 Gross \$ N/A Net \$ \_\_\_\_\_

23 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1           b. List the persons other than your spouse who are dependent upon you for  
 2           support and indicate how much you contribute toward their support. (NOTE:  
 3           For minor children, list only their initials and ages. DO NOT INCLUDE  
 4           THEIR NAMES.).

5           N/A \_\_\_\_\_

6           7. Do you own or are you buying a home? Yes \_\_\_\_ No  X

8           Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9           6. Do you own an automobile? Yes \_\_\_\_ No

10          Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11          Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12          Monthly Payment: \$ \_\_\_\_\_

13          7. Do you have a bank account? Yes \_\_\_\_ No  X (Do not include account numbers.)

14          Name(s) and address(es) of bank: \_\_\_\_\_  
 15          \_\_\_\_\_

16          Present balance(s): \$ N/A \_\_\_\_\_

17          Do you own any cash? Yes \_\_\_\_ No  X Amount: \$ \_\_\_\_\_

18          Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19          market value.) Yes \_\_\_\_ No   
 20          \_\_\_\_\_

21          8. What are your monthly expenses?

22          Rent: \$ N/A \_\_\_\_\_ Utilities: \_\_\_\_\_

23          Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24          Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
N/A	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1     9.     Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

N/A

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

(HOFFMAN v. RN C.SHYTLE No. C-05-4555JW)

(HOFFMAN v. LEE CASE No. C-06-2248 JW)

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

April.3.2008

~~SIGNATURE OF APPLICANT~~